



**CALIFORNIA
UNIFIED CERTIFICATION PROGRAM**

**DBE
RENEWAL
APPLICATION**

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to the IPA Officer.

1. NAME OF FIRM		2. FILE NUMBER	
FIRM'S ADDRESS (Physical)		CITY	STATE ZIP CODE
FIRM'S ADDRESS (Mailing)		CITY	STATE ZIP CODE
3. MAJORITY OWNER(S)	4. BUSINESS PHONE		BUSINESS FAX
5. IS THE BUSINESS STREET ADDRESS OR PHONE NUMBER THE SAME AS THE RESIDENCE?			YES NO
6. HAS THE OWNERSHIP OR CONTROL OF THE COMPANY CHANGED?			YES NO
If Yes, please call the phone number below to obtain a complete Certification Application or access Caltrans' Internet Address at: www.dot.ca.gov/hq/bep to download the application.			
7. NAME OF LICENSEE		LICENSE NUMBER - PLEASE SUBMIT COPY OF CURRENT LICENSE(S)	
8. INDICATE THE COMPANY'S GROSS RECEIPTS FOR THE LAST YEAR:		YEAR ENDING	
		\$	
9. NUMBER OF CURRENT EMPLOYEES:		FULL TIME	PART TIME
10. DOES THE COMPANY SHARE SPACE, EMPLOYEES, EQUIPMENT OR FINANCING WITH ANY OTHER COMPANY?		YES NO	IF YES, EXPLAIN IN A SEPARATE ATTACHMENT
11. HAVE THE OFFICEHOLDERS OF THE COMPANY CHANGED?		YES NO	IF YES, EXPLAIN IN A SEPARATE ATTACHMENT
12. HAS THE BOARD OF DIRECTORS CHANGED?		NAME OF CHAIRMAN	
YES NO			
13. Are you currently certified with any other agencies as a DBE?		YES NO	If yes, attach copy(ies) of certificate(s)
14. SUBMIT THE FOLLOWING DOCUMENTS FOR: (Failure to submit documents requested with this application may result in the expiration of your certification)			
SOLE PROPRIETOR: MOST RECENTLY FILED 1040 TAX FORM WITH ALL SCHEDULES			
PARTNERSHIP: 1) MOST RECENTLY FILED 1065 TAX FORM; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES			
CORPORATION: 1) MOST RECENTLY FILED 1120 TAX FORM; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES			
LIMITED LIABILITY CO. 1) MOST RECENTLY FILED 1065/1120 TAX FORMS; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES			
15. The undersigned swears, under perjury, that the foregoing statements are true and correct and further states that he/she is properly authorized by,			
Name of Firm		, to execute the affidavit and does so as his/her free act and deed.	
PRINTED NAME		SIGNATURE	
TITLE		DATE	
NOTARY			
The foregoing affidavit was subscribed and sworn to me before me on this _____ day of _____, _____ by			
NAME			
NOTARY PUBLIC _____ COMMISSION EXPIRES _____			

Mail completed application and supporting documentation to:

NOTARY PUBLIC SEAL

DEPARTMENT OF TRANSPORTATION
CIVIL RIGHTS- 79
1823 14TH STREET
SACRAMENTO, CA 95814

Should you have any questions, please call 916 324-1700